

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90184 026 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P17586**

1. Corporation Name  
**MARKETECHS SERVICES, INC.**



Principal Place of Business 1 HSN DRIVE P O BOX 9390 ST PETERSBURG FL 33729 US	Mailing Address 1 HSN DR P O BOX 9990 ST PETERSBURG FL 33729 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 1 HSN Drive	Suite, Apt. #, etc. 27 1 HSN Drive
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip 24 33729	Zip 29 33729
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified 01/11/1988	4. FEI Number 59-2357512	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, JAMES G	1.2 NAME	
STREET ADDRESS	2501 118TH AVE N.	1.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL	1.4 CITY-STATE-ZIP	St. Petersburg, FL 33729
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZMAN, H., STEVEN	2.2 NAME	
STREET ADDRESS	2501 118TH AVENUE, NORTH	2.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL	2.4 CITY-STATE-ZIP	St. Petersburg, FL 33729
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRALL, LYNN	3.2 NAME	
STREET ADDRESS	2501 118TH AVENUE, NORTH	3.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL 33716	3.4 CITY-STATE-ZIP	St. Petersburg, FL 33729
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSPER, JED B	4.2 NAME	
STREET ADDRESS	2501 118TH AVE N.	4.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL	4.4 CITY-STATE-ZIP	St. Petersburg, FL 33729
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYON, RICHARD	5.2 NAME	JED TROSPER
STREET ADDRESS	2501 118TH AVENUE, NORTH	5.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL	5.4 CITY-STATE-ZIP	St. Petersburg, FL 33729
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, BRAIN J	6.2 NAME	
STREET ADDRESS	2501 118TH AVENUE, NORTH	6.3 STREET ADDRESS	1 HSN Drive
CITY-STATE-ZIP	ST. PETERSBURG FL	6.4 CITY-STATE-ZIP	St. Petersburg, FL 33729

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* 4/14/99 572-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (11/98)